

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
UTILITY PATENT APPLICATION TRANSMITTAL

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: ELIZABETH A. ELLINGSON ET AL.
TITLE: HEART MODEL

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Mail Stop Patent Application, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450, *EXPRESS No. EV 323 971 925 US, on this 22nd day of January, 2004.

MOLLY CHLEBECK

Printed Name

Signature

MAIL STOP PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

X Patent Application Transmittal

X Specification:

Total pages: 17 (including claims and abstract: Spec. 13 sheets; Claims 3 sheets; Abstract 1

X Drawings:

Total sheets: 2

☐ formal

☒ informal

☒ Combined Declaration and Power of Attorney:

☒ UNexecuted

☐ copy from prior application

☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))

☐ Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*

X Accompanying application parts:

☐ Notification of filing a

☐ Assignment of the Invention to Medtronic, Inc.

☐ Assignment cover sheet

☐ Information Disclosure Statement

☐ PTO Form 1449

☐ Copies of IDS citations

☐ Preliminary Amendment

☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.

X Return Postcard

IF A CONTINUING APPLICATION:

☐ Continuation No. ☐ Divisional ☐ Continuation-in-part (CIP) of prior application

☐ Amend the specification by inserting before the first line the sentence: --This application is a of application Serial No. , filed , now allowed.--

☐ Cancel in this application original claims ____ f the pri r application bef re calculating th filing fe . (At least the original independent claim must be retained for filing purp ses.)

☐ The prior applicati n is assigned f r c rd t Medtr nic, Inc.

☐ The Power f Attorney in th prior application is to: __.

☐ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) _____, filed _____.

X Address all future correspondence to: Daniel G. Chapik, Reg. No. 43,424
Telephone: (763) 514-3066
Customer No. 27581


| FEE CALCULATION | No. of Claims Filed | Claims Included in Base Fee | No. of Extra Claims | Rate | Fee |
|------------------------------|------------------------|--------------------------------|---------------------------|-------|----------|
| Total Claims | 21 | 20 | = 1 | x 18 | \$18.00 |
| Independent Claims | 3 | 3 | = 0 | x 86 | \$0.00 |
| Multiple Dependent Claims | | | 0 | + 290 | |
| Basic Filing Fee | | | | | \$770.00 |
| | | | | TOTAL | \$788.00 |

X Charge Deposit Account No. 13-2546 in the amount of **\$788.00** for the filing fee.

X The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

Date

1/22/09



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